



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 4864**

Bib Data Sheet

SERIAL NUMBER 09/629,785	FILING DATE 07/31/2000  RULE	CLASS 359	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. 476-1934
-----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

APPLICANTS

Duncan J. Forbes, Bishop's Stortford, UNITED KINGDOM;  
 Peter Dyke, Saffron Walden, UNITED KINGDOM;  
 Michael P. Dyer, Stansted, UNITED KINGDOM;

\*\* CONTINUING DATA \*\*\*\*\*  
*None HP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None HP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 09/21/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>HP</i> Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 5	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------	------------------------	----------------------	----------------------------

ADDRESS  
 Lee Mann Smith McWilliams  
 Sweeney & Ohlson  
 P O Box 2786  
 Chicago , IL  
 60690-2786

TITLE  
 Optical network architecture

FILING FEE  RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------